

# *EXHIBIT A*

215017377  
44445State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

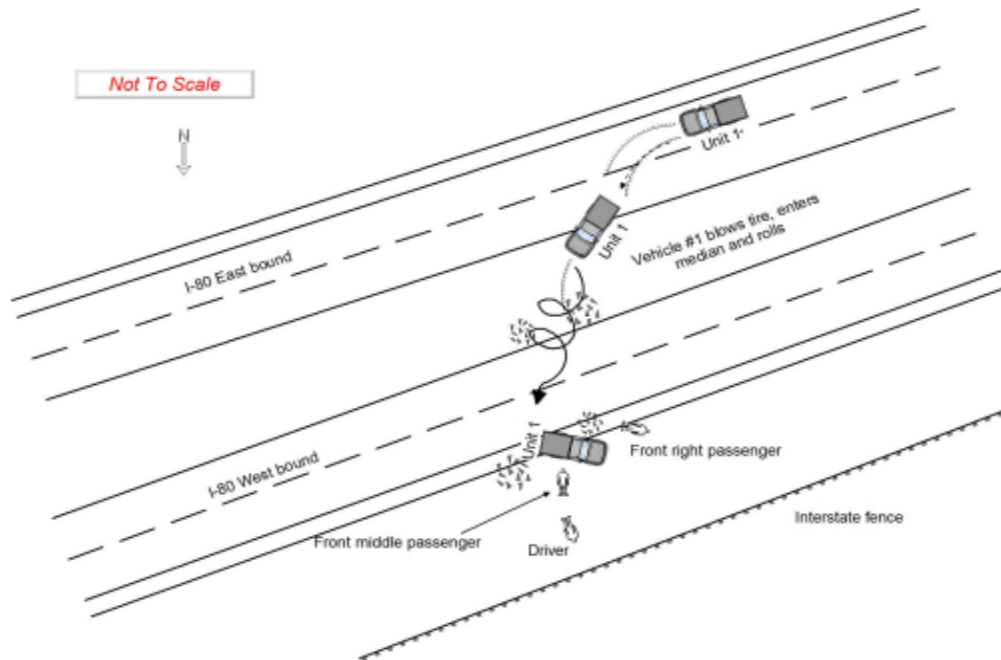
1	Total Number of Vehicles	Local No./ District	Agency Case No. C15-07916	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1			
A1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/01/2015		TIME OF ACCIDENT 0657	STATE USE ONLY Amended				
A2	PLACE OF ACCIDENT	COUNTY	Hall	POLICE NOTIFIED	0700				
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO.	INTERSTATE 80		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO				
C	DISTANCE FROM MILEPOST	FEET	2440	N S E W OF MILEPOST	294.000	HIGHWAY NO. 80			
D	IF AT INTERSECTION		IF NOT AT INTERSECTION						
1	NAME OF INTERSECTING ROADWAY		3.00		SHELTON OVERPASS I-80				
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN								
V2/M	MILES	4.00	N S E W	AND MILES	2.00	SHELTON			
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO				
VEHICLE NO. 1									
F	DRIVER LICENSE NO.	H13702183		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE			
V1/N	DRIVER	LARRY R BLAIR		PHONE	LOCAL NO.				
V2/N	DRIVER ADDRESS	224 E 4TH ST, AXTELL, NE 68924		DATE OF BIRTH (MM / DD / YYYY)	05/23/1973				
G	OWNER	DANDEE CONSTRUCTION / DAN BUSER		PHONE	308-627-6660				
2	OWNER ADDRESS	305 EAST 8TH STREET, POB 2587, KEARNEY, NE 68848		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.				
H	LICENSE PLATE	TE NO.	092396	YEAR (Plate Expires)	2015	STATE (Of Plate) NE			
3	VEHICLE	YEAR	2003	MAKE	Chevrolet	MODEL SC1			
V1/O	VEHICLE ID NO. (VIN)	1GCEC14X33Z115363		COLOR	blue	ESTIMATED DAMAGE <input checked="" type="radio"/> TOALED \$			
V2/O	TOWED TO	GRAND ISLAND		TOWED BY	KRAMER'S				
I	VEHICLE NO. 2								
1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE			
V1/P	DRIVER			PHONE	LOCAL NO.				
V2/P	DRIVER ADDRESS			DATE OF BIRTH (MM / DD / YYYY)					
J	OWNER			PHONE	LOCAL NO.				
01	OWNER ADDRESS			CITATION <input type="radio"/> PENDING <input type="radio"/> YES <input type="radio"/> NO	CITATION NO.				
V1/Q	LICENSE PLATE	NO.		YEAR (Plate Expires)		STATE (Of Plate)			
V2/Q	VEHICLE	YEAR		MAKE		MODEL			
K	VEHICLE ID NO. (VIN)			COLOR		ESTIMATED DAMAGE <input type="radio"/> TOALED \$			
01	TOWED TO			TOWED BY	POLICY NO.				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)									
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX
1	LARRY R BLAIR	224 E. 4TH ST., AXTELL, NE 68924	05/23/1973	01	3	01	2	2	M
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
		Good Samaritan Hospital	Wood River Rescue Unit						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX
1	SHANE A LOVELAND	304 SHEPPARD AVE, HILDRETH, NE 68947	04/01/1982	02	3	08	2	2	M
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
		Good Samaritan Hospital	Good Samaritan EMS						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX
1	JACOB S SUMMERS	823 S. MAIN, WILBER, NE 68465	12/03/1991	03	3	01	2	2	M
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
		Good Samaritan Hospital	Shelton Volunteer Fire & Rescue	Susman000001					

## THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
C15-07916Indicate  
North  
by Arrow

Not To Scale



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was east bound on I-80 near MM 294 when it blew a rear tire. Vehicle #1 crossed into the median and rolled. Vehicle #1 came to rest on the west bound shoulder. All three occupants of Vehicle #1 were ejected. Passengers #2 and #3 received serious injuries. A legal blood draw was taken from the driver of Vehicle #1. Drug use is suspected from all three occupants since methamphetamine was found at the scene. Kramer's towing removed Vehicle #1. All three occupants were transported to Good Samaritan Hospital in Kearney. Occupant #2 was taken by Air Care and eventually flown to Omaha.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
WITNESSES	NAME				PHONE
	ADDRESS				PHONE
Rob Gibson Mary K Gibson					
402-499-5550 402-432-0171					
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1
VEH NO.	N S E W	ROAD OR HIGHWAY NAME			
1		X	INTERSTATE 8		
2					
1	01	06 Turning left	09 Leaving traffic lane		
2		07 Making U-turn	10 Parked		
		08 Entering traffic lane	11 Slowing or stopped in traffic		
		09 Leaving traffic lane	12 Other		
		10 Parked	13 Unknown		
		11 Slowing or stopped in traffic			
		12 Other			
		13 Unknown			
OFFICER NO.		TROOP/TEAM/BEAT	DEPARTMENT		Photographs taken?
510			Nebraska State Patrol		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type)		INVESTIGATOR SIGNATURE		DATE OF REPORT	
Joe Flasnack		Approved by Joel Bergman		09/03/2015	